



P.O. Box 24328
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www.studentloanpeople.com

Internship/Residency Forbearance Request Form – Private Loans Only

Please enter the following information:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Account Number/SSN: _____ Email: _____

Section 1: Forbearance Terms (not to exceed 12 months, renewable annually)

I understand the following:

- Forbearance is a temporary cessation of monthly payments.
- During a period of forbearance, interest continues to accrue and must be paid or it will be added to the principal balance when the forbearance ends. As a result, I will pay more interest over the life of my loan(s) and my monthly payment may increase.
- I must reapply after each 12 month period to extend this forbearance.
- This forbearance will not be reviewed unless this form is fully completed and all required documentation is received.
- This forbearance will remain in effect for up to the maximum of 12 months, or through the date I have specified below:

Only grant my forbearance through _____ / _____ / _____
(Month) (Day) (Year)

I certify that I have read and agree to the above information.

(Borrower's Signature)

(Date)

Section 2 – Authorized Official's Certification

Please have your residency Program Administrator complete this section and return it to us via mail or fax to the address/facsimile provided.

Resident Name: _____

Residency Institution: _____

Residency Begin Date: _____ Residency Completion Date: _____

Current Year Begin & End Date: _____

Program Administrator Name (Print): _____

Program Administrator Phone Number: (____) _____

Program Administrator Signature: _____